

“The Role of the Prescriber in Prescription Drug Abuse”

AMCNO co-hosts prescription drug abuse CME seminar

On Nov. 8, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) co-hosted a seminar on “The Role of the Prescriber in Prescription Drug Abuse” at the AMCNO offices. The Cuyahoga County Board of Health, the Academy of Medicine Education Foundation, and the ADAMHS Board of Cuyahoga County were the other co-sponsors. St. Vincent Charity Medical Center provided CME accreditation.

AMCNO President Dr. James Coviello introduced the first speaker, Dr. Christina Delos Reyes, who is a medical consultant for the Center for Evidence-Based Practices at Case Western Reserve University. Her presentation touched on national and local data for drug overdose deaths, the impact of the opioid epidemic, contributing factors, and Ohio’s response to the epidemic.

In 2010, the latest statistics from the Centers for Disease Control and Prevention, an average of 105 people died per day in the United States from drug overdose, and most of the deaths were caused by prescription drugs. Also in 2010, Ohio was ranked 11th in the country for drug overdose rates (all manners).

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Dr. Joan Papp provides information about Project DAWN (Deaths Avoided With Naloxone).

AMCNO Participates in Lobby Day to Stress Importance of Good Samaritan Legislation

AMCNO President Dr. James Coviello and EVP/CEO Elayne Biddlestone spent a day in Columbus meeting with legislators about the importance of passing the Good Samaritan legislation in Ohio (HB 363). The AMCNO joined several other organizations and staff for this event where groups visited over 17 legislative offices to discuss the bill. In addition, the AMCNO was recognized on the floor of the Ohio House during session.

The AMCNO and the other groups that participated in the Lobby Day provided legislative staff and legislators with key talking points about HB 363. The bill, Ohio’s 911 Good Samaritan Bill, provides limited immunity from arrest for low-level drug offenses to overdose victims and individuals who summon

medical assistance in the event of an overdose. The key message to legislators is that too many people are dying from an overdose, and calling 911 during an overdose can save lives. Legislators were informed that the chance of surviving a drug overdose depends on how

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The AMCNO and other groups participate in Lobby Day to talk to legislators about HB 363. AMCNO President Dr. James Coviello stands to the right of Reps. Sprague and Driehaus (center).

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Cleveland, OH 44131-0999

2015

Medical/Legal Summit

April 17 & 18, 2015

Cleveland's Medical/Legal Summit will be co-sponsored by the Cleveland Metropolitan Bar Association, Academy of Medicine Education Foundation, and The Academy of Medicine of Cleveland & Northern Ohio (AMCNO).

Co-Chairs:

- Lisa M. Barrett, Esq., Senior Counsel, Law Department, Cleveland Clinic
- James M. Coveillo, MD, University Hospitals, and AMCNO President
- Raymond Krncevic, Associate General Counsel, University Hospitals, Law Department

The Summit is intended to bring together doctors, lawyers, health care professionals and others who work in allied professions for education, lively discussion and opportunities to socialize.

For more information, call the CMBA at (216) 696-3525 or AMCNO at (216) 520-1000.

SUMMIT DETAILS

April 17 – CME, CLE TBD

April 18 – CME, CLE TBD

FRIDAY, APRIL 17, 2015

Plenary address and Q&A:

4–5:30 p.m. followed by networking reception

Keynote Speaker

Michael O. Leavitt

Founder and Chairman of Leavitt Partners

Former Secretary of Health and Human Services

SATURDAY, APRIL 18, 2015

Continental Breakfast:

7–8 a.m.

Program: 8 a.m. – 12:45 p.m.

Location:

ONE CLEVELAND CENTER

1375 EAST NINTH STREET

CLEVELAND, OHIO 44114

PLENARY SESSIONS

- Issue of Physician Extenders
- The Use of Telemedicine – Legal and Medical Aspects

BREAKOUT SESSION OPTIONS

- Medical Marijuana and the Decriminalization of Marijuana
- End-of-life issues
- Alternative to Use of Drug Therapy for Chronic Pain/Regulatory Changes and Licensing Issues
- Continuing Effects of the ACA on Patients and Providers

REGISTRATION RATES

\$75 CMBA members, AMCNO members and other healthcare providers

\$125 Non-Members

\$15 Students and Residents



AMCNO PUBLIC HEALTH ACTIVITIES

“The Role of the Prescriber in Prescription Drug Abuse”

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In 2007, unintentional drug overdose deaths exceeded motor vehicle traffic crashes as the overall leading cause of injury death in Ohio—it is a continuing trend. The number of drug overdose deaths increased 440% from 1999 to 2012, according to the Ohio Department of Health Office of Vital Statistics.

Numerous factors have contributed to the epidemic, such as overall growth in prescription use and widespread diversion of prescription drugs.

In the United States, spending for prescription drugs was \$40.3 billion in 1990; in 2008, it was \$234.1 billion. According to the Institute for Safe Medication Practices, 2 out of 3 patients who visit a doctor leave with at least one medication prescription, and almost 40% receive prescriptions for four or more medications. Nationwide, 96% of patients don't ask questions about how to use their medications.

Ohio responded to the epidemic by establishing the Prescription Drug Abuse Action Group, which hosted a statewide symposium in 2009 as a call to action. State-level recommendations (23 of them) and strategies were developed for increasing capacity to respond to the problem.



Dr. Thomas Gilson, medical examiner for Cuyahoga County, focuses on the county's heroin epidemic.

State legislation has been enacted as well. HB 93, or the “Pill Mill Bill,” became law in April 2011 and addresses several issues, including pain management clinic licensure, in-office physician dispensing limits and drug take-back programs.

The Governor's Cabinet Opiate Action Task Force (or GCOAT) was formed in 2011. It covers five key elements: treatment, professional education, public education,

enforcement and recovery supports. The group created opioid prescribing guidelines for emergency departments and acute care facilities as well as a patient handout. The materials are available online at <http://www.healthy.ohio.gov/ed/guidelines.aspx>.

Of note, the AMCNO, along with other statewide organizations, has been an active participant in the GCOAT review process. Another GCOAT initiative established clinical guidelines for the utilization of medication therapy management for an extended timeframe for high-dose chronic pain patients.

These clinical guidelines apply to physicians who are using opioids for the treatment of chronic, non-terminal pain for longer than 3 months at high doses with their patients. It establishes a trigger threshold of 80 mg of a Morphine Equivalent Daily Dose (MED) as to when a physician should pause and reassess their treatment plan with the patient. For more information on the 80 MED guidelines, go to <http://www.med.ohio.gov/pdf/NEWS/Prescribing%20Opioids%20Guidlines.pdf>.

Dr. Delos Reyes suggested several ways for physicians to get involved, such as join a local prevention coalition and encourage patients to use prescription drug drop boxes.

Thomas Gilson, MD, medical examiner for Cuyahoga County, focused on the county's heroin epidemic.

Since 2006, there has been a sharp rise in heroin-associated fatalities. During 2006-2013, heroin mortality rose about 300% (from 49 deaths to 194).

Drug overdose is the most common form of accidental death locally and nationally. Heroin mortality now exceeds homicide, suicide and motor vehicle crashes in Cuyahoga County, Dr. Gilson said.

Ninety-five percent of fatal heroin overdose victims are known drug abusers, and among this group, the most common age range is 45-60, 85% are white, and the male-to-female ratio is 3:1. Also, in 2012-2013, about half of fatal overdose victims resided in suburban areas.

Almost 65% of fatal overdose victims received some type of non-substance abuse medical treatment within 2 years of their death. Forty-



Dr. Christina Delos Reyes discusses the impact of the opioid epidemic at the prescription drug abuse seminar.

five percent had a history of mental health issues. Based on these stats, the healthcare system has the potential for intervention in the form of education, Dr. Gilson said.

Joan Papp, MD, an emergency medicine physician at MetroHealth, spoke about Project DAWN (or Deaths Avoided With Naloxone). The program launched March 1, 2013, at the Free Medical Clinic of Greater Cleveland to address the rise in opioid deaths in Cuyahoga County. Supported by the MetroHealth System and Cuyahoga County Executive Ed FitzGerald's office, Project DAWN is an opioid education and naloxone distribution (OEND) program.

The goal is to educate at-risk opioid users and their family and friends on the risk factors for overdose; have them recognize opioid overdose; and train them to respond by calling 911 and administering rescue breathing and nasal naloxone, Dr. Papp said.

The Project DAWN kit contains two doses of naloxone (in nasal spray form), a training DVD, reference guide and mask. Naloxone only reverses opioid overdoses. It has no effect on other drugs (such as benzodiazepines) or alcohol.

Since 1996, community-based OEND programs have been providing naloxone for administration by lay responders for overdose reversal; as of February 2012, 188 programs are in place.

In Cuyahoga County, more than 1,100 kits have been distributed in community distribution sites and emergency departments. Eighty-one overdose reversals have been documented.

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The program not only save lives, it is cost-effective. The total cost of one Project DAWN kit is \$40-\$50. In 2008, the average in-patient treatment charge for a drug overdose was \$10,488. Two-thirds of these individuals were uninsured or covered by publicly funded programs.

The next steps are to publicize the program through various media; collaborate with treatment centers, hospitals and others to purchase naloxone and encourage prescription naloxone; expand the use of the kits to physician offices, in-patient units, jails, police and EMS; and change the law to include Good Samaritan aspects.

Harold Goforth, MD, pain specialist at the Cleveland Clinic, spoke about best practices in managing chronic pain. Opioids are indicated when pain is moderate to severe, it has a significant impact on function and quality of life, non-opioid therapy has been tried and failed, and the patient agrees to have opioid use monitored.

The efficacy of long-term opioids in treating chronic pain is modest. In one meta-analysis, the decrease of pain was 14 points on a 100-point scale. Patients need to be educated on the effectiveness of opioids and what realistic pain relief goals should be, Dr. Goforth said.

He described a risk-benefit framework in which physicians should assess the potential benefit of opioids and set **Specific, Measurable, Action-oriented, Realistic, Time-dependent** (or SMART) goals. Also assess the potential risks—sedation, confusion, addiction, diversion—and each patient’s specific risks. Keep in mind, published rates of abuse and/or addiction in chronic pain populations are 3-19%, Dr. Goforth said.

When setting pain-management goals, utilize the four A’s: **Analgesia, Activities of daily living, avoid Adverse events, and avoid Aberrant medication-related behaviors.**

Also, use the SAFE Score to help determine the outcome of opioid therapy. Look at these four domains over a one-month period:

- **S**ocial functioning
- **A**nalgesia
- **P**hysical Functioning
- **E**motional functioning

Each is scored on a 5-point scale: 1 is Excellent, 5 is Poor. The total score is from 4-20. The Green Zone is a score from 4-12; continue the current medical regimen or consider reducing the total dose. The Yellow Zone is from 13-16 or a 5 in any category; closely monitor the patient and reassess regularly. The Red Zone is equal to or greater than 17; change the treatment.



Dr. Amol Sooin discusses opioid therapy for chronic pain patients.

The key: monitor, monitor, monitor, Dr. Goforth said. There are “universal precautions” to take, such as conduct drug screenings (screen everyone), conduct pill counts and use a single pharmacy.

If a patient is not improving, has opioid-resistant pain, or is now addicted to the opioids, stop treatment. Be clear that you will continue to work on pain management with non-opioid therapy, and slowly taper the dose to prevent opioid withdrawal. If there are signs of addiction, refer the patient to substance abuse treatment.

Dr. Amol Sooin, medical director of the Ohio Pain Clinic and a member of the State Medical Board of Ohio (SMBO), spoke more about opioid therapy. He further reiterated Dr. Goforth’s steps that physicians should take when prescribing opioids to patients, and he discussed clinical scenarios.

Cameron McNamee, legislative affairs liaison for the Ohio State Board of Pharmacy, and Kim Anderson, chief legal counsel for the SMBO, gave policy and regulatory updates from the state level.

McNamee discussed recent federal changes. Effective Oct. 6 this year, all hydrocodone

combination products are classified as Schedule II controlled substances. The AMCNO covered this change in an online article: <http://amcno.org/index.php?id=861>. And, effective Aug. 18, tramadol and tramadol-containing products are now classified as Schedule IV controlled substances. AMCNO sent an email alert about this issue and posted an online article: <http://www.amcno.org/index.php?id=825>.

McNamee also discussed drug take-back programs, HB 170 (naloxone distribution rules) and OARRS. One point that raised a lively debate during the seminar was the issue of *who* should be allowed to access OARRS as a delegate and *how many* delegates should be allowed in a physician’s office. (Each prescriber can have up to three delegates, and a written request for more can be submitted.)

Anderson provided a policy and regulatory update, starting with OARRS changes that will be occurring in 2015. Effective Jan. 1, physicians and physician assistants who prescribe opioids or benzodiazepines will have to certify on biennial license renewal that they have access to OARRS. And, effective April 1, prescribers will be required to request OARRS information that covers at least the previous 12 months before initially prescribing an opioid or benzodiazepine.

HB 314, which took effect Sept. 17 this year, addresses prescribing opioids to minors (aged 18 years or younger. The medical board created a model consent form called “Start Talking!” It can be accessed through our online article at <http://www.amcno.org/index.php?id=855>. ■



Kim Anderson provides a policy and regulatory update concerning 2014-2015 OARRS changes.

Ebola: Northeast Ohio Efforts

By Beth Gatlin, Director, ASPR Emergency Preparedness, Center for Health Affairs

When the Frontier Airlines flight out of Cleveland Hopkins landed back in Dallas in the early evening of Oct. 13, who could have foreseen the frenzy it would set off for public health officials and hospitals back in Northeast Ohio?

Getting accurate information regarding the dates of travel, where and whom the contact visited as well as shouldering the deluge of media inquiries was a major priority. It kept public health epidemiologists, hospital infectious disease practitioners and chief medical officers working 24-hours-a-day for a week to calm the public's fear and establish trust that hospitals in Northeast Ohio were prepared to care for an Ebola patient. Fighting mixed messages had schools and businesses closing and airports and healthcare agencies hurrying to put specific screening procedures in place that questioned travel history. EMS and hospitals impatiently waited for guidance from the Centers for Disease Control & Prevention (CDC) regarding the use of personal protective equipment (PPE), specifically for an Ebola patient. Eventually it was learned that the PPE they recommended

was in short supply or not available in the quantities they wanted due to national demand. Questions and concerns emerged regarding waste management hauling, water sanitation procedures and laboratory specimen transport of a Category A disease.


Northeast Ohio physicians, including representatives from the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) and public health commissioners in Cuyahoga and Summit counties came together rapidly to respond and plan for the situation as it unfolded. Assisted by the Ohio Department of Health (ODH) and the CDC, the health departments set their surveillance and contact monitoring plans in motion. In the two counties that the CDC visited, seven large hospitals were identified as having the potential capability to care for a presenting

Ebola patient from screening to discharge. Even though these hospitals were identified early, the infectious disease practitioners still urged the plan of immediate transfer of a confirmed case to one of the three bio containment units as soon as possible. Juggling the political, media frenzy and community information aspects of the event, plans were discussed, drills and exercises were completed and information was given to the community several times a day through various media outlets.

Aftereffects of the acute event included the successful contact tracing and monitoring of 163 individuals within the Northeast Ohio region by 19 different county public health departments. Fifty-seven hospitals completed PPE don and doff procedures for hundreds of frontline staff. All hospitals completed at least one drill scenario regarding accepting a patient with Ebola within one week of the notification of the contact leaving Ohio. A Governor's Advisory Committee was established with Northeast Ohio hospitals and public health infectious disease representatives whose mission is to make a plan for the state (not just for Ebola response but to be used for any emerging infectious disease). The Office of Healthcare Transformation along with the Ohio Hospital Association developed guidance to assist hospitals in designating a "tier" of care they felt comfortable in delivering to a potential Ebola patient. That guidance is being completed at this time and will be extended to all hospitals by mid-January.


The acute phase of the Ebola response is now over, but the planning, training and exercising continue at the local health department and hospital levels. Doctors' offices, acute care clinics and free-standing emergency departments can rest assured that all acute care hospitals in the region are prepared to screen, identify and isolate a possible Ebola case. ■

(Editor's note: The AMCNO posted information on our website during the event and sent email alerts on a regular basis to our members. We thank Ms. Gatlin for all of the work she did on behalf of the community and for preparing this article).



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AMCNO LEGISLATIVE ACTIVITIES

AMCNO Participates in Lobby Day to Stress Importance of Good Samaritan Legislation

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fast the victim receives medical attention and that drug overdoses can occur during a period of 1-3 hours; meaning, there is time to intervene and save a life. Unfortunately, overdose witnesses often hesitate to summon emergency responders for fear of arrest or negative consequences, which can all too often result in the loss of life.

The AMCNO believes that more people will call 911 if HB 363 were enacted. 911 Good Samaritan laws help encourage bystanders to seek medical attention and provide immunity for both overdose victims and bystanders from arrest and prosecution for simple drug possession, possession of paraphernalia, and/or being under the influence. In addition, 911 Good Samaritan laws have not been shown to impede the work of law enforcement but are used as a tool to encourage drug users to make the right decision and save a life. Twenty states and the District of Columbia have enacted 911 Good Samaritan laws already, and it is important to emphasize that HB 363 does not provide immunity for trafficking drugs or driving while under the influence.

Overall, the reception by legislative staff and legislators was positive; however, since this legislation did not move in lame duck the legislation will have to be reintroduced in the next General Assembly in 2015. The intent is to reintroduce this bill with additional language that increases access to naloxone through standing orders to pharmacists. The AMCNO will continue to work toward passage of this legislation.

Other Legislative Issues

The 130th General Assembly has ended with the Ohio Senate adjourning on Dec. 12 and the Ohio House finalizing their agenda on Dec. 17. The following bills, many of which were supported by the AMCNO, have been signed by the Governor.

HB 247 – External Defibrillation - the AMCNO supported this bill. It will increase access to lifesaving AEDs throughout Ohio communities. Dr. Robert Hobbs, AMCNO officer and board member, authored the AMCNO testimony on this important legislation and participated in the bill signing ceremony when the bill was signed into law by Governor Kasich.



Dr. Robert Hobbs, third from the Governor on the right, was on hand to witness the signing of HB 247.

HB 367 – Drug Abuse Prevention - the AMCNO supported this bill. It will require the health curriculum of each school district to include instruction in prescription opioid abuse prevention.

HB 378 – Opioid Addiction Treatments - the AMCNO worked with interested parties on this bill. This legislation would encourage responsible prescribing of suboxone, by requiring physicians who write for and personally furnish buprenorphine to hold a terminal distributor license from the State Board of Pharmacy and establish requirements regarding controlled substances containing buprenorphine used for the purpose of treating drug dependence or addiction. HB 378 was rolled into HB 367 before being signed into law by the Governor.

HB 394 – Immunizations - this legislation will allow pharmacists and pharmacy interns to administer influenza vaccines to anyone over the age of 6 months, to administer CDC-recommended immunizations to kids between the ages of 7 and 12 pursuant to a prescription, and to administer CDC-recommended vaccines to children over the age of 13. This bill had several amendments that were drawn from separate bills dealing with infant sleep, immunizations in childcare facilities, and dense breast tissue. Specifically, the bill will require a mammography facility to include additional information in a patient's mammography summary if the mammogram shows the presence of dense breast tissue; and the bill will also require immunizations for children enrolled in child care. Several of these same amendments were also addressed in SB 276.

SB 276 – Infant Sleep - this bill will create the Commission on Infant Mortality and require the establishment of infant safe sleep procedures and policies. During lame duck the

bill had several amendments added to it before it was sent to the Governor for his signature. The bill will also require the State Board of Pharmacy to prepare semiannual reports on opioid prescriptions and will revise the laws governing prescriber review of patient information in OARRS. It specifies that an emergency facility is not required to obtain written parental consent for an opioid prescription when treating a minor. The bill also repeals the provisions from a recently enacted law that required physicians who ordered tests for Lyme disease had to obtain a written informed consent from patients.

HB 552 – Infant Mortality - this bill also passed and has been signed by the Governor. It contained many of the same items that were part of SB 276 and HB 394 and included a provision to require the distribution of information on Down syndrome under certain conditions.

HB 131 – Tanning Regulations - the AMCNO strongly supported this legislation that restricts the use of tanning facilities by minors.

One bill that did not make it to the Governor's desk this session was **SB 386 – Fireworks**. This bill would have allowed consumers to discharge consumer-grade fireworks in Ohio. At this time, consumers can purchase but not discharge 1.4G fireworks in the state. The AMCNO and many other healthcare advocates rallied in opposition of this bill, and although it did pass in the Senate, it did not get to the House floor for a vote. In addition to signing onto a joint letter with a myriad of healthcare organizations voicing our opposition to this bill, AMCNO Past President Dr. Richard Fratianne, the former director of the MetroHealth burn unit, submitted written opposition testimony on behalf of the AMCNO to the Ohio House. The bill will most certainly come up again in the next General Assembly and the AMCNO will continue to offer our comments on this legislation.

Small Change Makes a Big Difference – AMCNO Participates in Tobacco Advocacy Day at the Statehouse

The AMCNO staff was pleased to participate in a Lobby Day organized by several organizations, including the Campaign for Tobacco Free Kids, the Cancer Action Network, the Ohio Heart Association and the Ohio Lung

AMCNO LEGISLATIVE ACTIVITIES



The AMCNO participates in Tobacco Advocacy Day to meet with legislators; EVP/CEO Elayne Biddlestone poses with Sen. Tom Patton.

Association. AMCNO staff met with legislators to stress that tobacco use remains the single largest preventable cause of disease and premature death, claiming over 17,700 Ohio lives a year at a cost of more than \$5.6 billion. Legislators were told that the solution to this problem is tobacco use prevention and cessation—along with a combination of significantly increased tobacco taxes. It has been more than 8 years since Ohio raised its cigarette tax and since 2008, when funding for tobacco use prevention and cessation programs was zeroed out, Ohio's smoking rate has been on the rise—so much so that we currently have the 11th highest smoking rate in the country.

The ask for legislators is to increase the cigarette tax by \$1.00 per pack and match the Other Tobacco Products (OTP) tax to the cigarette tax. An increase in tobacco taxes and an investment of just 12 cents of this tax in tobacco use and prevention and cessation programs would significantly reduce Ohio's tobacco use rates and raise additional revenue for the state. The AMCNO and the rest of the coalition is hoping that the tax increases will be contained in the upcoming budget, but if not, we will continue to advocate for these tax changes in the legislature in the coming months.

Rep. Cliff Rosenberger Elected as Next House Speaker

Last week, Rep. Cliff Rosenberger (R-Clarksville) was elected as the next Speaker of the House of Representatives. The Clinton County Republican will serve as Speaker of the House for the new term, replacing Speaker Bill Batchelder (R-Medina), who could not run again due to term limits.

The Republican leadership team was also selected for the 131st General Assembly. Joining Rep. Rosenberger on the House GOP

leadership team are: State Representative Ron Amstutz (R-Wooster), who will serve as Speaker Pro Tempore; Rep. Barbara Sears (R-Monclova Township), who will serve as the Majority Floor Leader; and State Representative Jim Buchy (R-Greenville), who will serve as Assistant Majority Floor Leader. The House Republican Whip team will include State Representative Mike Dovilla (R-Berea) as the Majority Whip and State Representative Dorothy Pelanda (R-Marysville) as the Assistant Majority Whip.

The official swearing in of new members and leadership positions will occur the first week of January during opening day ceremonies in Columbus. Rep. Rosenberger is currently serving his second term at the Ohio House of Representatives. He represents the 91st House District, which includes Clinton, Highland and Pike counties, and parts of Ross County. A U.S. Air Force veteran, Rep. Rosenberger also served as the national political events coordinator for Gov. Mitt Romney's presidential campaign, and he was Special Assistant to the U.S. Secretary of the Interior, Dirk Kempthorne, while consistently being an active member and community leader in his hometown of Clarksville.

Administrative Issues

Gov. Kasich Announces New Medical Director for Ohio Department of Health

Mary Seitz DiOrio, MD, MPH, has been appointed by Gov. John Kasich as the State Medical Director for the Ohio Department of Health. Dr. DiOrio had been serving as the department's state epidemiologist prior to begin named medical director. Dr. DiOrio earned her medical degree from The Ohio State University. She has experience as a family practice physician. She has also been employed by the Ohio Department of Health since 2001, serving in various roles in epidemiology. Dr. DiOrio is board certified in preventive medicine and previously certified in family practice. She replaces Mary Applegate, MD, who had served as interim State Medical Director since August. Dr. Applegate will return to her permanent position as medical director for the Ohio Department of Medicaid.

State Medical Board of Ohio Names Executive Director

Anita M. Steinbergh, DO, board member and chair of the State Medical Board of Ohio's Ad Hoc Executive Director search committee announced that Anthony (A.J.) Groeber has been named Executive Director of the SMBO,

which took effective Nov. 16. Groeber comes to the Medical Board from the Ohio Board of Tax Appeals, where he has served as Executive Director since March 2013. Groeber holds BS/BA degrees from Ohio University and earned his MBA from the Fisher College of Business at The Ohio State University. Groeber began his new role at the SMBO Monday, Nov. 17.

The Ohio State Board of Pharmacy Names New Executive Director

The Ohio State Board of Pharmacy has announced the selection of Steven W. Schierholt, Esq., as its new executive director. Schierholt joins the board with extensive law enforcement and leadership experience. He currently serves as the Assistant Superintendent of Bureau of Criminal Investigation with the Office of Ohio Attorney General Mike DeWine. Schierholt has previously served in numerous capacities at the Ohio Attorney General's Office, including Executive Director of the Ohio Peace Officer Training Commission, Assistant Attorney General and Special Agent. A U.S. Army veteran, he has also held positions as an Adjunct Professor of Criminal Justice, Deputy Sheriff and Assistant County Prosecutor.

The AMCNO has also prepared an election report—to view this report see page 8. ■

NORTHERN OHIO PHYSICIAN

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THE NORTHERN OHIO PHYSICIAN (ISSN# 1935-6293) is published bi-monthly by the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), 6100 Oak Tree Blvd., Suite 440, Cleveland, Ohio 44131. Periodicals postage paid at Cleveland, Ohio. POSTMASTER: Send address changes to NORTHERN OHIO PHYSICIAN, 6100 Oak Tree Blvd., Suite 440, Cleveland, Ohio 44131. Editorial Offices: AMCNO, 6100 Oak Tree Blvd., Suite 440, Cleveland, Ohio 44131, phone (216) 520-1000. \$36 per year. Circulation: 3,500.

Opinions expressed by authors are their own, and not necessarily those of the Northern Ohio Physician or The Academy of Medicine of Cleveland & Northern Ohio. Northern Ohio Physician reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted.

ADVERTISING:

Commemorative Publishing Company c/o Mr. Chris Allen, 3901 W. 224th Street, Fairview Park, OH 44126
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AMCNO LEGISLATIVE ACTIVITIES



The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Election Overview

In the 2014 general election, the Republicans swept all statewide offices, including Ohio's two Supreme Court seats. In addition, Republicans added to their majority in the state House, picking up five additional seats while also maintaining their control in the Senate. On the national scene, Republicans maintained their majority in the U.S. House of Representatives. The Republicans also reclaimed their majority in the U.S. Senate when they gained eight additional seats. Ohio retained all 16 congressional incumbents. No Ohio U.S. Senators were up for re-election.

Results from the Ohio Congressional Races:

OH 1: Steve Chabot (R-Cincinnati)	OH 7: Bob Gibbs (R-Lakeville)	OH 13: Tim Ryan (D-Niles)
OH 2: Brad Wenstrup, DPM (R-Cincinnati)	OH 8: John Boehner (R-West Chester)	OH 14: David Joyce (R-Novelty)
OH 3: Joyce Beatty (D-Blacklick)	OH 9: Marcy Kaptur (D-Toledo)	OH 15: Steve Stivers (R-Columbus)
OH 4: Jim Jordan (R-Urbana)	OH 10: Michael Turner (R-Dayton)	OH 16: Jim Renacci (R-Wadsworth)
OH 5: Bob Latta (R-Bowling Green)	OH 11: Marcia Fudge (D-Warrensville Heights)	
OH 6: Bill Johnson (R-Marietta)	OH 12: Pat Tiberi (R-Galena)	

Statewide Overview

The Republicans swept the statewide races with the following results:

- Governor: John Kasich and Mary Taylor (63.85%) defeated Ed FitzGerald and Sharen Neuhardt (32.85%)
- Attorney General: Mike DeWine (61.67%) vs. David Pepper (38.33%)
- Auditor of the State: Dave Yost (57.17%) vs. Rep. John Carney (38.09%)
- Treasurer of the State: Josh Mandell (56.73%) vs. Rep. Connie Pillich (43.27%)
- Secretary of State: Jon Husted (60.06%) vs. Sen. Nina Turner (35.30%)

Ohio House and Senate

The Ohio House of Representatives Republicans strengthened their numbers by winning five additional seats, bringing the totals to 65 Republicans and 34 Democrats. The Ohio Senate remained the same with 23 Republicans and 10 Democrats.

The winners from Northern Ohio for the Ohio Senate were:

SD 13: Gayle Manning (R - N. Ridgeville)
SD 18: John Eklund (R - Chardon)
SD 21: Sandra Williams (D - Cleveland)
SD 22: Larry Obhof (R - Medina)
SD 23: Michael Skindell (D - Lakewood)
SD 24: Tom Patton (R - Strongsville)
SD 25: Kenny Yuko (D - Richmond Hts.)
SD 27: Frank LaRose (R - Copley Twp.)
SD 28: Tom Sawyer (D - Akron)
SD 29: Scott Oelslager (R - N. Canton)

The winners from Northern Ohio for the Ohio House were:

HD 6: Marlene Anielski (R - Independence)
HD 7: Mike Dovilla (R - Berea)
HD 8: Kent Smith (D - Euclid)
HD 9: Janine Boyd (D - Cleveland Hts.)
HD 10: Bill Patmon (D - Cleveland)
HD 11: Stephanie Howse (D - Cleveland)
HD 12: John Barnes (D - Cleveland)
HD 13: Nickie Antonio (D - Lakewood)
HD 14: Martin Sweeney (D - Cleveland)
HD 15: Nicholas Celebrezze (D - Parma)
HD 16: Nan Baker (D - Westlake)
HD 34: Emilia Sykes (D - Akron)
HD 35: Greta Johnson (D - Akron)
HD 36: Tony DeVitis (R - Green)
HD 37: Kristina Roegner (R - Hudson)
HD 38: Marilyn Slaby (R - Copley Twp.)
HD 48: Kirk Schuring (R - Canton)
HD 49: Stephen Slesnick (D - Canton)
HD 55: Nathan Manning (R - N. Ridgeville)
HD 60: John Rogers (D - Mentor-on-the-Lake)
HD 61: Ron Young (R - Painsville)

The AMCNO is pleased that two Ohio House seats are now held by physicians. **Rep. Terry Johnson, DO** (R-McDermott) and **Rep. Steve Huffman, MD** (R-Tipp City). Dr. Johnson is serving his third term in the Ohio House and defeated Tom Davis (D-Franklin Furnace) by 64.09% to 35.91%. Dr. Huffman will be a new legislator in the 131st Ohio General Assembly, and he specializes in family and emergency medicine.

Ohio Supreme Court Races

Due in part to the efforts of AMCNO physician members, NOMPAC-endorsed candidates Justice Judith French and Justice Sharon Kennedy were both elected to serve full six-year terms for the Ohio Supreme Court. Justice Kennedy beat challenger Rep. Tom Letson with 72.59% of the vote. Justice French defeated Judge John O'Donnell with 55.97% of the vote.

The AMCNO would like to thank all of the physicians who supported these two campaigns. We also want to thank the physicians who hosted fundraisers for these candidates.

Regional Judicial Races

Cuyahoga County Court of Common Pleas

The NOMPAC also made recommendations in the Cuyahoga County Court of Common Pleas races. One of the NOMPAC-recommended judges won in the Cuyahoga Court of Common Pleas - Judge Pamela Barker (R). The other was Judge Shannon Gallagher (D).

Ohio Court of Appeals – 8th District - The following candidates were elected or re-elected after running unopposed in the general election.

Patricia Blackmon
Sean Gallagher
Anita Laster Mays

For a complete list of all winners in the Ohio Senate and Ohio House races, go to the AMCNO website at www.amcno.org, under Election Results.

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The Affordable Care Act

Recent Developments

By David Valent, Esq.

Provided herein is an update and analysis of recent developments regarding the Affordable Care Act ("ACA").

Status of Open Enrollment for 2015 Coverage

Open enrollment for individuals to find health insurance on the federal health insurance exchange, aka "marketplace," began on November 15, 2014. Open enrollment will close on February 15, 2015. If an individual is looking for health coverage in 2015, through a private health insurance plan available under the ACA, coverage must be obtained by Feb. 15. Only those individuals who have special qualifying events can obtain coverage for 2015 after this date. For more information on the private health insurance options available under the ACA, please direct your patients to: www.healthcare.gov.

For those individuals who remain uninsured in 2015, the government penalty/tax is higher than it was for 2014. It is now 2% of your income or \$325 per adult/\$162.50 per child, whichever is more—but not to exceed \$975 per family, per year.

Recent reports suggest that in the first week of open enrollment (starting Nov. 15) approximately 460,000 individuals nationwide selected health insurance plans through healthcare.gov. Of that number, approximately 222,000 were first-time enrollees in the insurance marketplace. The other approximately 240,000 individuals were returning to healthcare.gov to obtain coverage for a second year in a row. The Department of Health and Human Services touts this as a "solid start" to enrollment for 2015.

It should further be highlighted that this open enrollment period applies only to health insurance obtained through the federal marketplace. Many states, such as Ohio, also have expanded Medicaid options under the ACA.

An individual may apply for Medicaid or coverage through the Children's Health Insurance Program (CHIP) at any time during the year, if the individual/family is qualified to obtain coverage. Your Ohio patients can learn more about whether they qualify for Medicaid and/or can apply for Medicaid at: www.benefits.ohio.gov. For those interested in obtaining Medicaid coverage by January 1, 2015, applications must be submitted and approved by December 15, 2014.

Uninsured Still Unaware

According to a poll released in November 2014, the Kaiser Foundation reported that approximately 90% of uninsured individuals

recently surveyed were unaware of the current open enrollment deadlines that apply to individuals seeking health insurance through the ACA online marketplace. Despite not knowing of these important deadlines, 70% of the uninsured individuals agreed that "health insurance was something they needed."

The comparison of these numbers brings light to the fact that further education is needed to help inform the public of these deadlines. Indeed, a primary goal of the ACA was to significantly reduce the number of uninsured Americans, by creating better access to health insurance, and by making insurance more affordable. At least according to this recent Kaiser Foundation study, those who are uninsured remain undereducated with regard to the options available for obtaining health insurance coverage.

ACA Insurance Marketplace for Ohioans

In 2015, 16 insurance carriers will sell individual private insurance plans to Ohioans through the federal marketplace at: healthcare.gov. This is an increase from only 12 carriers in this market space in 2014. As such, for Ohioans, their insurance options under the ACA are expanding this year.

Heading into the new year, Ohioans are expected to again turn out in large numbers to take advantage of those health plans offered under the ACA. In 2014, Ohioans represented nearly 3% of the total private plan enrollees, in states using healthcare.gov.

Based on numbers release from the first week of open enrollment, it appears that Ohio is on at least the same pace for enrollment as last year. It is estimated that nearly 16,000 Ohio residents have already enrolled, during the first week of open enrollment.

For 2014, it is estimated that approximately 646,000 Ohioans obtained health insurance coverage through the ACA marketplace.

With some new options being offered for Ohioans, the Ohio Department of Insurance has announced that the overall average cost of the plans available under the ACA will increase in Ohio by 12% for 2015—and by 5% nationwide. That said, certain coverage plans are available, particularly including some of the most popular Ohio plans that will actually see a decrease in premium costs for 2015.

To the extent it is beneficial for you to understand the options available to your patients, the benchmark plan for a 40-year-old non-smoker, will cost on average \$247/month in 2015. This amount is down \$2, from \$249, in 2014. Thus, while the overall average cost of the plans available is rising, you can calm your patients by letting them know that many of the most popular plans are actually dropping slightly in price.

Continued Challenges Expected In 2015

As the ACA remains a reality impacting patients and providers alike, we can continue to anticipate opposition to the law in the new year.

Indeed, in recent weeks, the House Republicans sued President Obama over the ACA—arguing that he exceeded his executive authority, specifically with regard to delaying a section of the health law that requires large employers to provide health insurance coverage to their employees, or face a penalty.

The ACA mandated that beginning in 2014 employers with 50 – 99 employees must offer health insurance to its fulltime workers or pay penalty. The Obama Administration however delayed the implementation of that controversial aspect of the law until 2016. The recent lawsuit filed against Obama takes the position that the Constitution does not permit this type of modification to the law—as it exceeds Executive Branch authority. Although the House Republicans may in fact prefer the mandate be delayed and/or never go into effect at all—they are nonetheless challenging the President's use of power on this issue.

This recent lawsuit is yet another attempt aimed at trying to defeat the ACA that has now become a reality impacting so many facets of our healthcare system. While the ACA's full impact is not yet realized in our healthcare system, whether it is for better or worse, it is certain that the law will continue to be under a microscope in 2015. This is true particularly in light of the changes in political powers in Congress during the recent midterm elections.

For further information regarding the ACA and/or issues that may be specific to your practice, please do not hesitate to contact David A. Valent, Esq. at Reminger Co., LPA: 216-430-2196, dvalent@reminger.com, 101 Prospect Ave. W, Suite 1400, Cleveland, Ohio 44115. ■

Navigating HIPAA and Cybersecurity in the Cloud

By Rick Hindmand, Attorney, McDonald Hopkins LLC

Physicians who use cloud-based for applications involving protected health information (PHI) face the task of satisfying the Health Insurance Portability and Accountability Act (HIPAA) privacy and security requirements while effectively managing risks and serving the needs of their patients. This can be particularly challenging for functions relating to patient portals, online scheduling or electronic health records, where a data breach can go viral and affect thousands of individuals.

A cloud vendor that uses, creates or maintains PHI of its physician practice client acts in the role of the practice's business associate, so the HIPAA Privacy and Security Rules would generally impose an obligation on both the cloud vendor and practice to enter into a written HIPAA business associate agreement (BAA).

While the Privacy and Security Rules mandate the inclusion of certain provisions in any BAA, these are the minimum elements, and should not be viewed as creating any one-size-fits-all standard for BAAs. In fact, it is typically in the interest of a covered entity (in this case, the practice) to include additional safeguards, such as requiring the cloud vendor to maintain specified levels of cybersecurity insurance and to provide indemnification for its noncompliance or data breach. Insurance and indemnification provisions can be a point of contention between the covered entity and business associate, due to the potential to shift potential costs between the parties. It is also common for covered entities to impose more stringent breach notification deadlines than set forth in the Breach Notification Rule and to require the business associate to mitigate any data breach by the business associate and assist in responding to the breach. Other possible provisions include notice and cure periods for termination, as well as restrictions on the ability of the business associate to use subcontractors, hold ePHI on offshore servers or create and use de-identified information.

Prior to entering into any new relationship with a cloud vendor and allowing access to PHI, it is crucial for a physician practice to review the underlying contract and the BAA together to understand the rights and obligations of the parties and then negotiate for adequate protection of its interests. In addition to the BAA issues noted above, some issues of particular significance include:

- (i) practice ownership of and access to all data,
- (ii) potential for the cloud vendor to hold the PHI hostage in the event of a contract dispute,
- (iii) encryption, (iv) regular backups, and

- (v) review the contract for any disclaimers of warranties or limitation of damages that may restrict indemnification or other remedies under the BAA and clarify that any such restrictions should not apply to remedies under the BAA.

Some cloud vendors present standard, bare bones BAAs that provide only limited protection for the interests of the covered entity. The physician practice should be sure to review and negotiate the proposed BAA or present its proposed BAA to the cloud vendor. Cloud vendors that view themselves as being in a strong negotiating position may be unwilling to revise their standard BAAs, in which case the practice may have limited room to negotiate, but should weigh the contractual deficiencies against the benefits of using the cloud vendor.

Existing cloud vendor and other service relationships should be reviewed periodically to identify all business associate relationships and determine whether a BAA is in place and, if so, the BAA and the underlying contract should be reviewed for HIPAA compliance as well as security and privacy protections. BAAs entered into prior to September 23, 2013 (the compliance date for the HIPAA Omnibus Rule), warrant close attention to confirm that all Omnibus Rule elements are satisfied. The Omnibus Rule included a grandfather clause that allowed some pre-January 23, 2013, BAAs to continue in use until September 22, 2014, but all BAAs are now required to comply with the BAA provisions of the Omnibus Rule.

A covered entity can suffer potentially ruinous costs in the event of noncompliance or a data breach, whether by the practice, its cloud vendor or other business associates. These costs can include fines and settlement payments, breach response costs (including fees of attorneys and IT consultants that can be particularly significant), and loss of goodwill after bad publicity. HIPAA-covered entities and business associates face increasing levels of scrutiny and exposure for claims that can be

asserted by potential enforcers such as OCR, state attorneys general, the Federal Trade Commission (FTC) and plaintiffs' attorneys. The upcoming HIPAA audits, which are expected to commence in early 2015, will subject covered entities and business associates to additional scrutiny.

A 2012 settlement by a small physician practice in Arizona (Phoenix Cardiac Surgery) illustrates some of the potential dangers of online patient scheduling systems. The practice agreed to pay \$100,000 and take corrective action after patient appointments were posted on a publicly accessible Internet-based calendar. In that case, the practice failed to enter into BAAs with companies that it retained to provide Internet-based email and calendar services.

In the event of a data breach involving PHI, the HITECH Breach Notification Rule requires a covered entity to notify the Office for Civil Rights (OCR) of the Department of Health and Human Services, affected individuals and in some cases the press. Some breach reports (e.g., those involving 500 or more individuals) typically trigger OCR investigations. State laws also impose breach notice obligations in some cases.

A practice needs to coordinate and in some cases integrate its cloud applications with its IT systems and related policies and procedures. In particular, the practice should update its risk analysis to address security and privacy issues relating to the cloud-based application. The practice should also ensure that it obtains all required patient consents and acknowledgments to appropriate disclaimers, keeping in mind that in December 2014, the FTC announced a settlement with medical billing company PaymentsMD for deceptive trade practices relating to its patient portal for failure to explain the data collected and how the data is used. If a patient portal is used by multiple providers, additional coordination would be needed.

Physician practices need to take care to implement appropriate privacy and security safeguards and perform their due diligence in connection with any cloud vendor relationships. ■

AMCNO Collaborates with HIMSS on Meaningful Use Regional Event

In December, the Healthcare Information and Management Systems Society (HIMSS) hosted a session Global Center for Health Innovation entitled “The Meaningful Use Paradigm: Connecting Providers, Engaging Patients and Transforming Healthcare.” The AMCNO collaborated with HIMSS and other organizations to present the event, that also included a networking reception which was held in the HIMSS Innovation Center where participants were given a tour of the facility.

Presenters included Robert White, MD, FAAFP, Associate Chief Medical Information Officer from the Cleveland Clinic Ms. Kathy LeBrew, Vice President for Information Technology, Patient, Physician, Innovation Systems at University Hospitals; Barb Bungard, RN, MSNI, Manager of IT Regulatory Operations from Akron Children’s Hospital; and Dan Paoletti, Chief Executive Officer, CliniSync/Ohio Health Information Partnership. Susan Leonard, MA, CPHIMS, Director of Professional Development and Specialty Events at HIMSS, provided opening and closing remarks.

Paoletti stated that the future of healthcare is connected communities across the nation that can communicate with one another and coordinate care, no matter where the patient goes. He noted that CliniSync is helping coordinate care through their collaboration suite and working to assure that patients are involved in their own health care. Paoletti noted that engaging patients is not an easy task and ensuring the security of the data and patient privacy is of key importance.

Dr. White’s presentation covered the meaningful use (MU) electronic health record (EHR) incentive program – criteria, purpose, timeline and updates. He also discussed how to overcome challenges eligible providers and staff may face in achieving MU. Meaningful use is defined as using certified EHR technology to improve quality, safety and efficiency, and reduce health disparities, engage patients and family, improve care coordination, improve population and public health, and maintain privacy and security of patient health information, Dr. White stated.

The Medicare EHR Incentive Program began in 2011 and the last year to begin

participation was 2014. To receive maximum payment, eligible professionals (EPs) must have started in 2012 – with a maximum incentive payment of \$43,720, subject to 2% sequestration. Dr. White also discussed the core and menu set objectives noting that Stage 2 had a total of six menu set objectives, with the need for EPs to report on three of six – and of the six, five are brand new objectives. Three of the objectives are public health-focused and three address capturing information as structured data.

There are four areas of focus in 2014 – one is transitions of care, which entails sharing structured summary of care records electronically for each transition of care or referrals. Another is patient engagement, which will require sharing or communicating information with patients electronically. Public health reporting requires reporting information to the Department of Public Health as appropriate. The final area is protecting electronic health information (EHI), which entails protecting EHI through appropriate technical capabilities.

Dr. White also addressed clinical quality measures (CQMs). The Centers for Medicare & Medicaid Services (CMS) recommended a core set of CQMs for adult and pediatric practices and these were based on several factors. CQMs may be submitted through two options – the EHR incentive program or through the Physician Quality Reporting System (PQRS). Dr. White cautioned the audience to talk to their vendor before choosing which CQMs should be included in the report. Dr. White also touched on attestation, payment adjustments, hardship exemptions and pre- and post-payment audits. In closing, Dr. White provided a possible forecast for Stage 3.

Dr. White described how the Cleveland Clinic has responded to these various programs and noted what physicians can start doing today in order to address MU. Contact your EHR vendor and schedule the upgrade, become familiar with the new core and menu objectives, and, if attesting to Medicaid, begin preparing your eligibility documentation.

LeBrew discussed how to increase patient awareness and engagement required for MU through review of best practices and key activities, and she described how current technologies enable access to data, including patient portals and secure messaging. She provided information on how to implement solutions to help overcome challenges associated with provider and patient readiness to achieve MU criteria and reviewed the use of health information technology to achieve MU criteria for patient engagement. She described how patients at University Hospitals are provided with the ability to view their health information online, and download and transmit their information within 4 days of the information being available to the eligible provider.

Bungard described how Akron Children’s Hospital addresses patient engagement in pediatrics. She noted that patient engagement is important to meet MU requirements – with the use of a patient portal where they can view and download their health information, the use of patient reminders for preventive care and secure messaging and communication initiated by patient/family to the provider. She noted that the provider’s role is to champion and support these concepts and utilize EHR tools around patient engagement to improve efficiency in the office while developing metrics to evaluate these tools. She encouraged providers to become advocates for patient engagement and encourage collaboration between technology and healthcare.

To view the slides from this event, go to <http://www.himss.org/muconnect>.

AMCNO COMMUNITY ACTIVITIES

AMCNO 2014 Vote & Vaccinate Program

The Academy of Medicine of Cleveland and Northern Ohio (AMCNO) hosted its 15th annual Vote and Vaccinate program on Election Day, November 4, 2014.



A voter receives an immunization at the Marion Sterling School in Cleveland.

The intent of this annual program is to provide individuals with an opportunity to receive seasonal flu and pneumonia immunizations at various polling sites throughout Cuyahoga County, making it easier for people to get vaccinated before the flu season kicks into high gear. The AMCNO's Vote and Vaccinate program runs parallel to the voting process and is not connected in any way with the Board of Elections.


This year, the AMCNO was pleased to have participation from St. Vincent Medical Center in this valuable program. The AMCNO would like to express its sincere gratitude to site staff who participated in this worthwhile program at Marion Sterling School in Cleveland. Many members of the local community participated in the program this year and were able to get vaccinated against seasonal flu and pneumonia at the site.

The AMCNO plans to host this community event again in 2015. If your group or hospital is interested in participating with the AMCNO as a co-sponsor or would like to host a site, please contact the AMCNO office at (216) 520-1000. ■

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AMCNO MEMBERSHIP ACTIVITIES

Resident Seminar: The Business Aspects of Practicing Medicine

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) presented our annual seminar, *Preparing for the Business Aspects of Practicing Medicine* in October. Dr. James Coviello, AMCNO president, welcomed residents and spouses from several area hospitals to learn about employment contracts, liability coverage, asset management, estate planning, starting a practice, and tax concerns from a lineup of expert guest speakers. The agenda's content and speakers targeted specific issues that young physicians will face entering today's healthcare marketplace. The seminar was presented by the AMCNO and sponsored by The William E. Lower Fund and The Academy of Medicine Education Foundation (AMEF).

The AMCNO and AMEF would like to thank the presenters Cindy Kula from Walthall, Drake & Wallace LLP; David Grano from Sagemark Consulting; Ellen Meehan from Squire Patton Boggs (US) LLP; and Bridget Howard from McDonald Hopkins, who were on hand to share their expertise.

The speakers provided insight on tax and non-tax issues of sole proprietorship or partnership and introduced attendees to estate planning basics and what everyone should have on file, such as a general Power of Attorney and a Living Will. Attendees also learned that a

young family with children should have a Trust, a Living Will and a Durable Power of Attorney for health care. Tax basics, portability and the definition of a Revocable Trust were also topics of great interest.

Attendees also heard about key points of employment contracts – they were reminded that they must do their due diligence and always conduct a non-economic appraisal of a practice. Attendees were advised to ask questions when reviewing an employment contract, such as are the physicians geographically diversified or is the practice

keeping pace with service delivery equipment and modalities? It is also important to remember that when you're negotiating the contract, that you are negotiating with the person of authority. It is important to take the time to consider and discuss the contract terms, and don't be afraid to ask the employer for reasonable changes—and always consider using legal counsel. Also pay close attention to the malpractice coverage as well as the noncompetition and confidentiality clauses.

Presenters also covered the financial challenges that medical professionals face, including medical malpractice, asset preservation, liability exposure, tax brackets and estate taxation, noting that these are the reasons that financial planning is so important. The AMCNO offers this FREE seminar for residents every year. For more information, please visit www.amcno.org. ■

AMCNO Partners with ABM for its Annual International Meeting

The AMCNO was pleased to participate in the Academy of Breastfeeding Medicine 19th Annual International Meeting on Saturday, Nov. 15. The event took place in Cleveland this year and was held at the InterContinental Hotel.

During the event, physicians and health professionals had the opportunity to learn more about the latest research and best practices in breastfeeding medicine through engaging speakers, interactive workshops, and informative posters and abstract presentations. Dr. James Coviello, AMCNO president, provided welcoming remarks to the group at their luncheon on Saturday and provided the group with background on the AMCNO and our history.



Dr. Coviello spends a moment with the executive director of the ABM, Karla Shepard Rubinger.



A capacity crowd was on hand to hear Dr. Coviello present remarks about the AMCNO.

AMCNO Hosts its Annual Third-Party Payer Seminar

The annual Academy of Medicine of Cleveland & Northern Ohio (AMCNO) "Solving the Third-Party Payer Puzzle" seminar took place Nov. 5 at the AMCNO offices.

Diana Irvin from Medical Mutual of Ohio informed the group of "What's New to Know" at the company, including its Health Insurance Exchange listing—MedMutualMarket.

Their provider ePortal, www.provider.medmutual.com, allows users to view online claims information and check the status at any time. It is secure and HIPAA-compliant. Users can also check this site for updates on medical policies, credentialing requirements and more.

Additional new programs include the Mutual Rx program—a Medical Drug Management initiative that will allow the company to more efficiently process medical drug claims—and a 24-hour voice response system, VoiceConnect, that can be reached for benefits, eligibility and claim inquiries at (800) 362-1279.

And, the company offers a consumer smartphone app that gives members instant access to their health insurance information. Through the app, patients can email or fax their ID card to their physician's office prior to a visit. For security purposes, the office must retrieve the card image within 60 minutes or the email expires.

To prepare for ICD-10 conversion in 2015, Irvin directed attendees to www.cms.gov/ICD-10 for available resources.

Kristine Singer, a provider representative for Anthem Blue Cross Blue Shield, discussed the company's Patient-Centered Primary Care program—part of Anthem's long-term approach to paying for primary care services. The goal for 2013 was to include 30% of primary care physicians across Ohio; the goal was met. The 2014 goal is an additional 15%—they're currently at 38%. The 2015 goal is an additional 15%.

The company has also made MyAnthem accessible exclusively via the Availity web portal, eliminating the need to log into two separate portals. Singer also addressed updates for

Electronic Remittance Advice/CAQH EFT Services, Interactive Care Review Tools, and AIM Specialty Health Services.

Vanessa A. Williams, provider relations senior analyst for Medicare Part B (CGS LLC), talked about tools providers can use for everyday billing problems. The myCGS self-service web portal (found at <http://www.cgsmedicare.com/mycgs/index.html>) gives users instant access to helpful information about their Medicare patients and submitted claims. For example, Williams said the top inquiry is modifier usage, so users can refer to the Modifier Finder Tool on the website for the information.

For payment issues, the top rejection (with more than 450,000 instances) is beneficiary HIC number/name mismatch. Some of her solutions included maintaining current patient records and training new members on the website tools.

Williams identified hot topics to keep in mind, such as the Physician Quality Reporting System, Value-Based Modifier, and 3-Day Payment Window Policy. See the CMS website's Medicare section at www.cms.gov/Medicare/Medicare.html for information on these and other topics.

Laura Gipson, from the Ohio Department of Medicaid, discussed provider and consumer liability, rule changes, MyCare Ohio and ICD-10.

MyCare Ohio is the state's integrated care delivery system. It's a demonstration project integrating Medicare and Medicaid services into one program and is operated by a managed care plan. To be eligible for the program, an individual must be eligible for all Medicare parts and be fully eligible for Medicaid, over the age of 18, and reside in one of the seven demonstration project regions. (A map can be found here: <http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/MyCareOhio/GeneralEd012014.pdf>)



Healthcare representatives attend the annual Third-Party Payer seminar.

For ICD-10 preparation, she provided a website that will include provider updates and FAQs: <http://www.medicaid.ohio.gov/Providers/Billing/ICD10.aspx>.

Sonja Magnani and Patti Caley, healthcare professional experience consultants for Cigna HealthCare, talked about delivery system and network solutions as well as electronic services.

Health Advocacy is a collection of programs that is geared toward driving wellness; the products work in sync with physicians' orders as well as build on some of the tools other providers offer. The company also has two new apps for consumers: "Coach by Cigna" and myCigna.

For healthcare professionals, Cigna offers a wide range of eservices under its exclusive website www.CignaforHCP.com, such as online precertification, eligibility and benefits access and electronic claims submissions. Magnani and Caley also discussed the cost savings of doing transactions (such as prior authorizations) electronically as opposed to manually. Manual prior authorization costs about \$18.53, whereas electronic costs \$5.20, which is a potential savings of \$13.33 per transaction.

The seminar wrapped up with a question-and-answer session with the presenters. ■

Healthlines: The End of an Era

After almost 60 years of being on-air and streaming on our website, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Healthlines program has come to a close. Dr. Anthony E. Bacevice, Jr., AMCNO Past President, gave the final interview, in which he discussed the program's long history.

Healthlines began in 1958, with a program known as "Doctor Speaks," where physicians would discuss medical topics in an easy-to-understand format for the general public.

At first, the program was broadcast on multiple local radio stations at different times. It eventually made its way exclusively to one radio station—WCLV 104.9 ideastream in Cleveland. The program aired at 8 p.m., and then worked its way into "drive time."

In 2013, the program became a webcast on the Academy of Medicine Education Foundation (AMEF) website, www.amefonline.org.

For several years, the AMEF sponsored the radio program and then provided the resources for the online program once it moved to that format.

"But as time has passed," Dr. Bacevice said, "we at the AMCNO and AMEF have recognized that most people are getting information relevant to healthcare from other sources—predominantly the Internet. To that end, the Healthlines program and Healthlines online, as it has evolved over the years, is no longer as necessary as it once was."

During the interview, Dr. Bacevice talked with Jim Merling, the producer of Healthlines and Healthlines online. The two have worked together on the program since 2007.

"Healthlines has certainly covered a lot of topics and featured a lot of doctors over the years," Merling said. "You reached a lot of people with useful information that perhaps they weren't looking for."

The program featured multiple hosts over the years, including Dr. Robert Lang, one of the AMCNO's former executive directors, who was the host for many years. Radio personality Hugh Danaceau was also a host for several years. Physicians also hosted the program—most notably, the late Dr. Robert White, who was a neurosurgeon in Cleveland and known



Dr. Anthony Bacevice (left), AMCNO Past President and host of Healthlines, gives a final interview with producer Jim Merling (right).

worldwide for his contributions to medicine.

Dr. Ron Savrin, another AMCNO past president, then became the host and shared the duties with Dr. Bacevice until he took over the reins completely.

"It seems education and information has always been an important part of the AMCNO's community outreach," Merling said.

Dr. Bacevice agreed, adding that the AMCNO has provided expert medical information throughout its 190 years of existence. And, "we will continue, through various outlets, to make sure we have available resources for the community," he said. One such resource is the Speakers' Bureau, which provides speakers to local groups and organizations from the AMCNO's 5,000-plus expert physician members in the Cleveland area. The AMCNO is also considering other forms of media outreach.

"I want to thank our listeners, I want to thank Jim for all of his help, and I want to thank all of the AMCNO members who have participated in Healthlines over the years," Dr. Bacevice said. "And we'll look forward to providing information to the public in other venues as time goes on."

Healthlines will be archived and available on www.amcno.org.



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Date	Time	Title	Fee	Location
1/6/2015	6:00pm-9:00pm	The Professional Medical Coding Curriculum -Weds	1750	Westshore
1/12/2015	9:00am-12:00pm	Comprehensive Patient Access Specialist Program - MTWTH	2400	UTC
2/1/2015	8:00am-8:00am	Comprehensive Professional Medical Coding Bundle- Online	4000	Online
2/15/2015	6:00pm-9:00pm	Medical Terminology – Mon, Weds	350	UTC
3/1/2015	8:00am-8:00am	Patient Access Specialist Bundle Online - Online	2200	Online
3/2/2015	9:00am- 12:00pm	Comprehensive Professional Medical Coding Bundle-Weds	4200	UTC
3/2/2015	6:00pm-9:00pm	The Professional Medical Coding Curriculum-Weds	1750	UTC
3/3/2015	6:00pm-9:00pm	Fundamentals of Billing Reimbursement – Tues, Thurs	425	UTC
4/1/2015	8:00am-8:00am	Comprehensive Professional Medical Coding Bundle -Online	4000	Online
4/6/2015	6:00pm-9:00pm	Medical Terminology – Mon, Weds	350	UTC
4/6/2015	9:00am-12:00pm	Patient Access Specialist Fundamentals – Mon, Weds	499	UTC
4/25/2015	9:00am-3:00pm	CPT Coding Fundamentals and More – Sat	249	CCE
4/28/2015	6:00pm-9:00pm	Essentials of Electronic Health Records – Tues, Thurs	325	UTC
5/18/2015	9:00am-12:00pm	Comprehensive Patient Access Specialist Program - MTWTH	2400	Westshore
5/18/2015	9:00am-12:00pm	Health Care Navigator - MTWTH	2100	Westshore
6/1/2015	9:00am-12:00pm	Comprehensive Professional Medical Coding Bundle- Thur	4200	Westshore

Take advantage of discounted classes for AMCNO members and their staff. *Contact AMCNO at 216-520-1000 for exclusive AMCNO member course numbers to register and obtain a discounted price.*

Course Locations: Corporate College East 4400 Richmond Rd, Warrensville Hts, OH 44128

Unified Technologies Center Rd 2415 Woodland Ave, Cleveland, OH 44115

Westshore 31001 Clemens Road, Westlake, OH 44145

ONLINE

AMCNO's 30th Mini-Internship Program is Another Resounding Success!

This year marked the 30th anniversary of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Mini-Internship Program. This unique two-day program allows key community leaders to shadow individual physician members during a "normal" work day, exposing the leaders (or "interns") to different aspects of medical care—anything from surgery to patient visits. This exposure allows the interns to gain a broad sense of the complexities involved with healthcare and the practice of medicine today.

This year's participating interns were Bill Kitson, President and CEO of the United Way of Greater Cleveland; Thomas Kruczek, President of Notre Dame College; Jonithan LaCross, Director of Public Policy and Government Affairs at the Ohio State Medical Board; Justice William O'Neill of the Ohio Supreme Court; and Terry Uhl, Principal of The Uhl Group.

The event, led by Dr. William Seitz, began Oct. 27 with an orientation dinner, where the interns had an opportunity to meet with the four physicians they would be shadowing during the next two days. Throughout the event, some interns tweeted about their experience (see our Twitter feed @AMCNOTABLES). On Oct. 29, after the final full day, the participants met up once again at the AMCNO offices for a debrief dinner to discuss what they had learned.

Dr. Coviello, AMCNO President, thanked the physicians, interns, Dr. Seitz, and the AMCNO staff for putting together a successful program. "Things are changing in healthcare," he said, thanks to technology, politics, and team-based care. He said he and his interns had a good mix of patients. "It was a wonderful experience all around," Dr. Coviello said.

The interns shared their personal thoughts about the program.

Kitson said that he was amazed by the pace inside the office. He loved to watch how technology was integrated into the work but you still need the physician there to facilitate it all. It was interesting to see "the teams swirl around you, they know what to do," he said. "There's a real sense of teamwork, everyone knows their job."

Kruczek said his take-away from the program was great guest service. "It was an amazing experience to watch the physicians interacting with patients. They took time to listen to them," he said. "And, it was interesting to see the diverse teams come together." He described the physicians as "laser-focused," and he sees the doctor as the leader of the group who pulls everything together.

Justice William O'Neill said his experience began with attending surgery with Dr. William O'Brien. He was especially moved, however, by an interaction between an end-of-life cancer patient and his physician, Dr. Daniel Sullivan, who showed compassion and listened to him. Justice O'Neill said it was also interesting to see how computers have changed the industry. And, he said, in law, "we are behind in training our young," unlike the physicians who train their residents.

LaCross said that his partnering physician, Dr. Coviello, "spent time to talk with me about everything, which was great." And, being from the State Medical Board, he said he doesn't necessarily see the good things physicians do every day and he would like to meet with more physicians, to see how he can help them.

Uhl said the day's pace struck a chord with him—the physicians adjusted from one case to another quickly. As a communications person, he said he thinks "long-term and strategies," but that's not necessarily how doctors work. They make decisions quickly but effectively. "You had the best of the best for the program, and I thought it was very effective," Uhl said.

Some of the physicians shared their side of the experience as well.

Dr. Mehrun Elyaderani said that it was interesting for him to talk to the non-medical professionals about how they decided to do what they do and how they got there. "Doctors' paths are carved out, even at a young age, and the path is straight," he said, "so it was interesting to talk to people who are now a president of the United Way or president of a college."

Dr. Matthew Levy echoed Dr. Elyaderani's view of how interesting it was to talk with the professionals to see how they got to where they are. Dr. Philip Junglas said that it can be a hectic experience, but the goal is to see healthcare at work, such as problem solving, disease process and cost of long-term care. "The system is changing dramatically, and we need help from our politicians," he said.

In closing, Dr. Seitz said, "Every one of you is a leader who touches lives; you're influential." He encouraged the physicians to recommend the program to their colleagues to keep it going, and he asked the interns to share their experience with others so that they too are interested in becoming participants. "This program opens new lines of communication and forges friendships," he said.

At the end of the evening, each intern received a certificate of completion, presented by Dr. Coviello. ■



Dr. Sue Sreedhar and Bill Kitson, President and CEO of the United Way of Greater Cleveland, discuss their schedule at the Mini-Internship Orientation Dinner.

AMCNO MINI-INTERNSHIP



The interns and participating AMCNO physician members meet one another at the Mini-Internship Orientation Dinner before the 2-day program begins. Seated l-r: Terry Uhl, Principal of The Uhl Group; Thomas Kruczek, President of Notre Dame College; Jonithon LaCross, Director of Public Policy and Government Affairs at the Ohio State Medical Board; Bill Kitson, President and CEO of the United Way of Greater Cleveland; and Justice William O'Neill of the Ohio Supreme Court. Standing l-r: Drs. Mehrun Elyaderani, Matthew Levy, Sue Sreedhar, Jim Coviello, Charles Kwon, Daniel Sullivan, William Seitz, Gerard Isenberg, Tom Abelson, William O'Brien, and Howard Epstein.



Intern Justice William O'Neill of the Ohio Supreme Court stands with (from l-r) Drs. William O'Brien, Daniel Sullivan and Mehrun Elyaderani.



Intern Jonithon LaCross (center) receives his certificate of completion from the program's chairman, Dr. William Seitz, and AMCNO President Dr. James Coviello.

Save the Date

The Academy of Medicine of Cleveland & Northern Ohio Membership Committee cordially invites physician members, residents, medical students and spouses to attend our 2015 wine tasting experience. This is the perfect opportunity for you to mingle with your colleagues.

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